COURT INVESTIGATOR'S CERTIFICATE OF SERVICES Page 1	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

NAME & ADDRESS OF COURT INVESTIGATOR	NAME OF APPOINTING JUSTICE
Telephone Number:	

CERTIFICATION OF COURT INVESTIGATOR

I certify under the pains and penalties of perjury that I have performed the services described in the attached Court Investigator Itemization of Services and that the services and time were necessary and were within the scope of the services for which I have been appointed by the Court to perform.

I further certify that I have filed the original report with the Court as required and have also attached a copy of the report to this form.

DATE	SIGNATURE OF COURT INVESTIGATOR

CERTIFICATION OF JUSTICE

I have reviewed and approve as appropriate the above named court investigator's attached itemization of services for payment.

DATE	SIGNATURE OF JUSTICE

COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 2 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

(*shall not include travel nor time for preparation of this form)*

ATTACH THE FOLLOWING: A COPY OF APPOINTMENT, A COPY OF THE REPORT AND A COPY OF ANY APPROVED MOTION(S). FAILURE TO PROVIDE THE REQUIRED ATTACHMENTS WILL DELAY PROCESSING OF THIS FORM FOR PAYMENT.

DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $30.00 per hour = Total Amount: $ _____**

DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME

COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 3 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

(*shall not include travel nor time for preparation of this form)*

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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $30.00 per hour = Total Amount: $ _____**

DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME

COURT INVESTIGATOR'S ITEMIZATION OF SERVICES Page 4 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

(*shall not include travel nor time for preparation of this form)*

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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $30.00 per hour = Total Amount: $ _____**

DATE	SIGNATURE OF COURT INVESTIGATOR	PRINT NAME